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## APPLICANTS

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OK R

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/446,499 02/10/2003

OK R

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

OK R

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

## \*\* SMALL ENTITY \*\*

\*\* 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 122	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

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## TITLE

Compositions and methods to modulate immune and inflammatory responses

FILING FEE RECEIVED 1497	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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